

DANIEL S. GREENBAUM Commissioner

Regional Director

Ms. Nancy Smith

EPA State Coordinator

CORNELIUS J. O'LEARY

The Commonwealth of Massachusetts Executive Office of Environmental Affairs Department of Environmental Protection Central Region

75 Grove Street Worcester Massachusetts 01605



SDMS Docto

Superfund Support Section (HSS-7) USEPA Waste Management Division JFK Federal Building Boston, MA 02203-2211

January 15, 1991 🖟

Superfund Records Center,

SITE: Covitch Frope

PREAK: OTHER: 55434

Dear Nancy:

Research conducted to prepare the MSCA SI for ATF Davidson Co. Inc. in Northbridge, (MAD046128559), indicates that the facility operated as a TSD facility. As a result of changing economic, production and regulatory times, the facility then changed its status from TSD to Generator. The evidence does not indicate that the facility filed "protectively".

Enclosed, please find copies of RCRA documents that pertain to the ATF Davidson Co. Please review the documents and rule on the RCRA status of the facility as soon as possible so that the MSCA SI can be completed on schedule.

Thank you very much for your assistance. Please contact me by phone (508) (792-7653) with your ruling.

Dòn Hanson

MSCA Coordinator

DAH/dah atfrcra

> cc: Lynne Chappell Michael Bingham Janet Waldron



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

MADO46128559

ATF-DAVIDSON CO INC
HAIN ST
WHITIRSVILLE
MA 01588

INSTALLATION ADDRESS

MAIN ST
WHITIRSVILLE
HA 01588

EPA Form 8700-12B (4-80)

09/26/80

INSTALLA- TION'S ERA LO. NO. INAME OF IN- INSTALLA- TION INSTALLA- TION INSTALLA- TION ATF-Davidson Co., Inc. II. MAILING ADDRESS LOCATION MAIN ST LHITINSVILLE MA 01588 MA 01588	INST TIONS: If you received a preprinted label, we it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law [Section 3010 of the Resource Conservation and Recovery Acti.
FOR OFFICIAL USE ONLY	
	35
INSTACLATION SEPATED. NUMBER APPROVED (yr., mo., & day)	7 1 30 PM '80
I. NAME OF INSTALLATION ATF-DAVIDSON COINC	
II. INSTALLATION MAILING ADDRESS STREET OR P.O. BOX A IN STREET	
CITY OR TOWN ST. ZIP	5 8 8
III. LOCATION OF INSTALLATION	
STREET OR ROUTE NUMBER 5 MAIN STREET	45 - 1 D (2001) -
6WHITINSVILLE MAOI	5 8 8
IV. INSTALLATION CONTACT NAME AND TITLE (last, first, & job title)	PHONE NO. (area code & no.)
2 ROSOL JOSE PH PLANT ENGINEER	6 1 7 2 3 4 7 4 5 1
V. OWNERSHIP A. NAME OF INSTALLATION'S LEGAL OWNER	Consideration in the control of the
SATF-DAVIDSON CO WHITE CONSO	LIDATED IND
(enter th) appropriate letter into box) VI. TYPE OF HAZARDOUS WASTE ACTIVITY (en	nter "X" in the appropriate box(es)) TRANSPORTATION (complete item VII)
M = NON-FEDERAL C. TREAT/STORE/DISPOSE D. L	JNDERGROUND INJECTION
VII. MODE OF TRANSPORTATION (transporters only – enter "X" in the appropriate b	
A. AIR SEB. RAIL C. HIGHWAY D. WATER SE. OTHER	(specify):
VIII. FIRST OR SUBSEQUENT NOTIFICATION Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazz If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided be	ardous waste activity or a subsequent notification.
A. FIRST NOTIFICATION B. SUBSEQUENT NOTIFICATION (complete item	c. INSTALLATION'S EPA I.D. NO. MADO46128559
IX. DESCRIPTION OF HAZARDOUS WASTES Please go to the reverse of this form and provide the requested information.	
EPA Form 8700-12 (6-80)	CONTINUE ON REVERSE

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TO	0: (Name, office symbological pullding, Agency/Po	ol, room number, st)		Initials	Date
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_	As Requested	For Correction	Pre	pare Repl	
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_	Comment	Investigate	Sigi	nature	
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REMARKS

SUBJECT: IBM Typewriter Maintenance

Please check over the attached list and make any corrections, additions, deletions necessary for your Branch. I have to turn this in to Don Toohey ASAP. Thanks.

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)

Eileen Hahnen

Room No.—Bidg.

Phone No.

5041-102

OPTIONAL FORM 41 (Rev. 7-76)
Prescribed by GSA
FPMR (41 CFR) 101-11.206

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III. FACILITY NAME ATT-BANIDSON	COMPANY	INC. C.L.	through it and enter the c appropriate fill—in area belo	orrect data in the ow. Also, if any of
V. MAILING ADDRESS PI FASE PI			the preprinted data is absented to the label space list that should appear, please	s the information
PLEASE PLA	CE LABEL	IN THIS SPACE	proper fill—in area(s) below	w. If the label is need not complete:
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LOCATION			the instructions for detail tions and for the legal au which this data is collected.	led item descrip- thorizations under
II. POLLUTANT CHARACTERISTICS		had selected and all all all all all all all all all al	which this data is collected.	
INSTRUCTIONS Complete A through I to determine W	hether you need	to submit any permit applicatio	n forms to the EPA. If you ensy	ver."yes" to any
questions, you must submit this form and the supplement if the supplemental form is attached. If you answer "no" is excluded from permit requirements; see Section C of the	al form listed in to each ouestio	n the parenthesis following the quinn, you need not submit any of the	estion. Mark "X" in the box in the sor in the box in th	if your activity
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C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X	D. Is this a proposed facilit	y (other than those described will result in a discharge to	X 22 24 77 27
A or B above? (FORM 2C) E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	x X	F: Do you or will you inje	to the this facility industrial or the lowermost stratum con- arter, mile of the well bore, drinking water? (FORM 4)	x
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface	26 - 29 - 30	H Do you or will you inje	t at this facility fluids for spe-	X
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'. FACILITY DRAWING						
All existing facilities must include in the space provided on	page 5 a sc	ale drawing of the	facility (see instruc	tions for more	e detail). Se estail	
All existing facilities must include photographs (aer	rial or grou	nd-level) that	clearly delineate	all existing s	tructures; e	xisting storage,
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VIII. FACILITY OWNER				72 - 74	15 76 77 -	79
. A. If the facility owner is also the facility operator as	listed in Sec	ction VIII on For	n 1, "General Infor	mation", plac	e an "X" in t	he box to the left and
skip to Section IX below.						
B. If the facility owner is not the facility operator as	listed in Sec	tion VIII on Forn	n 1, complete the 1	ollowing item	S:	
						
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E. USE THIS SPACE TO LIST ADDITIONAL

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